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Metrics for monitoring and improving quality of care in family planning

Evidence Project

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Metrics for Monitoring and Improving Quality of Care in Family Planning

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RESEARCH BRIEF

Key Messages

Family planning (FP) programs can monitor and improve QoC using the following measures:

- 22-item measure is the most complete way to measure QoC
 - Suited for special studies
- 10-item measure is a good proxy of larger measure & adequately measures QoC
 - Suited for routine data collection/monitoring
- MIIplus is a better measure of QoC than MII
 - Suited for national/subnational levels

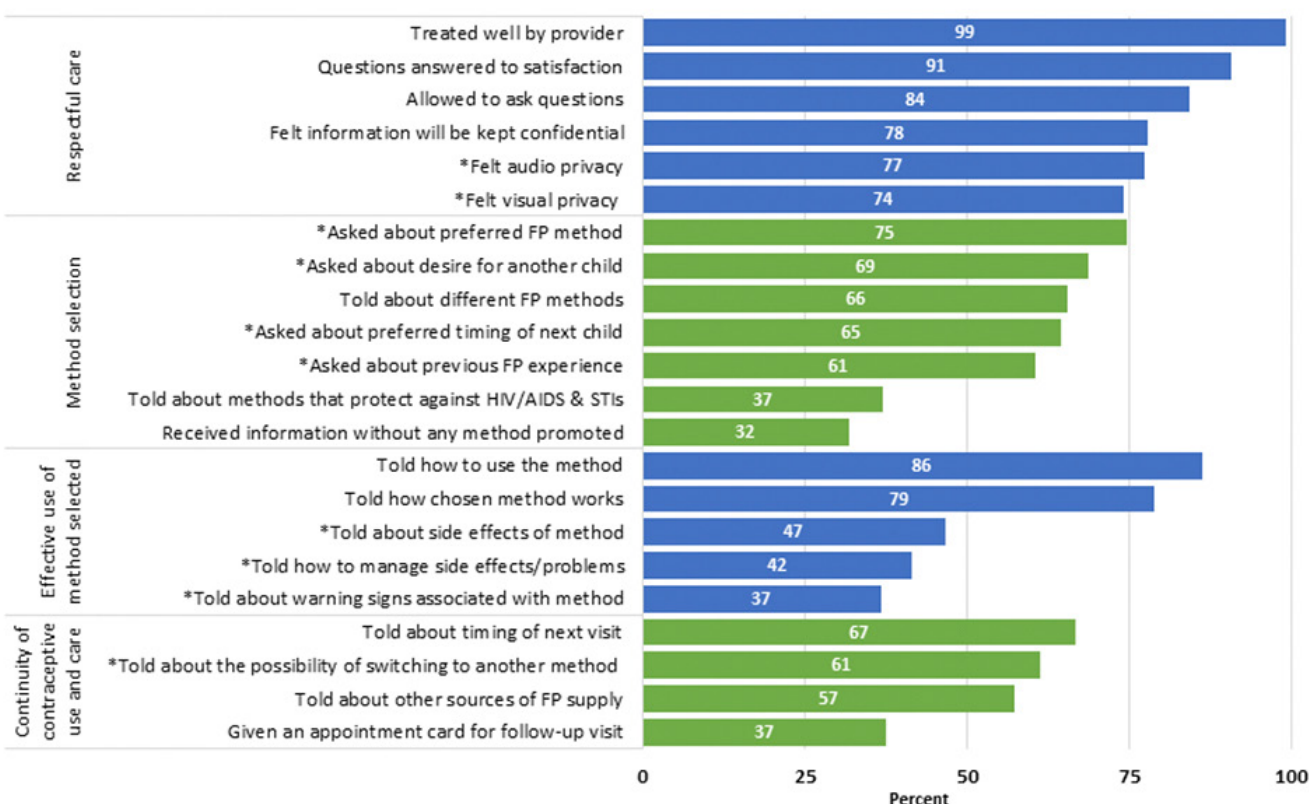
Why focus on quality of care?

- Quality of care (QoC) is a right
- Better QoC is associated with continued use of contraception

FP PROGRAMS NEED TO MEASURE QOC FOR IT TO BE IMPROVED AND MONITORED.

QoC was measured across 4 domains (respectful care, information exchange to enable appropriate method selection, effective use of the selected method, and continuity of contraceptive use and care), which can be captured with 22 items. **These 22 items were reduced to 10 items using psychometric analysis.** Asterisks in graph below show the 10-item measure.

Information received at method adoption (n=2699)



Overall quality of care scores were calculated for the 22-items and 10-items, and then categorized into low, medium and high. **Women who received high or medium quality of care at contraceptive initiation were significantly more likely to use a modern contraceptive method 3-months after method initiation compared to women who received low quality of care.**

A third measure, **Milplus**, builds on the Method Information Index (MII) and includes an additional question about method switching. **Women who received information on all four components of the Milplus were 3.6 time more likely to continue using a contraceptive method 3 months later compared to women who received information only on the three components of the MII.**

Quality Measures	Adjusted odds ratio of modern method continuation 3 months later (n=2,306) ^a	
	AOR	95% CI
22-item measure		
Low	ref	
Medium	1.69***	(1.24–2.30)
High	2.71***	(1.83–4.03)
10-item measure		
Low	ref	
Medium	1.49**	(1.09–2.03)
High	2.18***	(1.46–3.26)
Milplus variation		
<3 questions of MII	2.38**	(1.30-4.38)
MI	ref	
Milplus	3.64***	(1.90-6.96)

^aAdjusted for age, education, residence, religion, wealth, number of living children, previous modern method use, method selected at enrollment, and state.

*Significant at **≤0.01; ***≤0.001

Survey questions of quality of care by domain and quality of care indicator

Quality domains	Items	Response Options	22-item measure	10-item measure	Milplus
Method selection	If questions are used in a client exit interview, ask: <i>During your consultation today (within the past month), did the provider:</i>				
	If questions are used in a household survey, ask of current modern contraceptive users who initiated current method within the past year: <i>When you first adopted your current method, did the provider:</i>				
	Ask about whether you would like to have a/another child?	Yes No	✓	✓	
	Ask about when you would like to have a/another child?	Yes No	✓	✓	
	Ask about your previous family planning experience?	Yes No	✓	✓	
	Ask about your family planning method preference?	Yes No	✓	✓	
	Provide information about different family planning methods?	Yes No	✓		✓
Effective use of method selected	Provide information while strongly encouraging one method?	Yes No	✓		
	Talk about the methods that protect against HIV/AIDS and STIs?	Yes No	✓		
	Talk about possible side effects or problems with the method you selected?	Yes No	✓	✓	✓
	Tell you what to do if you experience any side effects or problems with the method you selected?	Yes No	✓	✓	✓
	Talk about warning signs associated with the method you selected?	Yes No	✓	✓	
	Talk about how to use the method you selected?	Yes No	✓		
Continuity of contraceptive use and care	Talk about how the method you selected works?	Yes No	✓		
	Talk about the possibility of switching to another method if the method you selected was not suitable?	Yes No	✓	✓	✓
	Tell you when to return to the health facility for a follow-up visit?	Yes No	✓		
	Tell you about other sources of family planning supply?	Yes No	✓		
Respectful care	Give you an appointment card for follow-up visit?	Yes No	✓		
	When meeting with the provider during your visit, do you think other clients could see you?	Yes No	✓	✓	
	When meeting with the provider during your visit, do you think other clients could hear what you said?	Yes No	✓	✓	
	During your visit, would you say that you were treated well by the provider?	Yes No	✓		
	Did the provider allow you to ask questions?	Yes No	✓		
	Did the provider answer all of your questions to your satisfaction?	Yes No	✓		
	Do you believe that the information that you shared about yourself with the provider will be kept confidential?	Yes No	✓		

For additional information please see the following articles:

- Bruce J. 1990. Fundamental Elements of the Quality of Care: A Simple Framework. *Studies in Family Planning*; 21(2): 61-91.
- Jain AK, Hardee K. 2018. Revising the FP Quality of Care Framework in the Context of Rights-based Family Planning. *Studies in Family Planning*; 49(2):171-179.
- Jain AK, Townsend J, RamaRao S. 2018. Proposed Metrics to Measure Quality: Overview. Population Council, New York.
- Jain A, Aruldas K, Mozumdar A, Tobey E, Acharya R (in press). 2019. Validation of two quality of care measures: Results from a longitudinal study of reversible contraceptive users in India. *Forthcoming in Studies in Family Planning*.
- Jain A, Aruldas K, Tobey E, Mozumdar A, Acharya R (in press). 2019. Adding a question about method switching to the Method Information Index is a better predictor of contraceptive continuation. *Forthcoming in Global Health Science and Practice*.
- Mozumdar A, Tobey E, Aruldas K, Acharya R, Jain A (in press). 2019. Contraceptive use dynamics in India: A prospective cohort study of modern reversible contraceptive users. Population Council, The Evidence Project: Washington DC.